

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2009

through

10

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

11

13

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 60

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 0D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2009</span>		681385.49
(b) Cash on Hand at Beginning of Reporting Period .....	692349.95	
(c) Total Receipts (from Line 19) .....	81677.75	554988.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	774027.70	1236373.49
7. Total Disbursements (from Line 31) .....	7812.13	470157.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	766215.57	766215.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	70185.32	488183.88
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10498.00	52445.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	80683.32	540629.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	80683.32	540629.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	994.43	14358.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	81677.75	554988.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81677.75	554988.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	812.13	14976.42	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	812.13	14976.42	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	392000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	58704.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	4477.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	4477.50	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7812.13	470157.92	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7812.13	470157.92	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	80683.32	540629.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4477.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80683.32	536152.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	812.13	14976.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	812.13	14976.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Arnold

Mailing Address 2760 Curtis Way

City

Sacramento

State

CA

Zip Code

95818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 7159B924-BBA3-425C-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jorge Arroyo

Mailing Address 50 Edgehill Road

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 04D776DA-EA9E-468C-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Bajart

Mailing Address Floor 6

City

Boston

State

MA

Zip Code

02114-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 4FA5F123-F81E-4BEE-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harold Ballitch

Mailing Address 1991 Park Avenue W

City

Mansfield

State

OH

Zip Code

44906-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 6ECC37CC-2DDF-4DCD-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ray Balyeat

Mailing Address 2000 S Wheeling Ave

City

Tulsa

State

OK

Zip Code

74104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 6BD63FC4-F9E2-470D-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ray Balyeat

Mailing Address Suite 400

City

Tulsa

State

OK

Zip Code

74104-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: F493390F-390A-42E6-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Allen Beck

Mailing Address 1365B Clifton Road Northeast

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: ED0367C6B867A8FDDC8

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Benefield

Mailing Address Suite 300

City

Gulfport

State

MS

Zip Code

39503-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 5C5CC42D-8619-4538-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

L. Lothaire Bluth

Mailing Address 2610 E University Drive

City

Mesa

State

AZ

Zip Code

85213-8436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 19752ABCAE026FB15C1

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Bobrow

Mailing Address 121 Hunter Ave

City

Clayton

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 90045FA4-0D4C-4D72-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Brick

Mailing Address 6422 E Speedway Blvd

City

Tucson

State

AZ

Zip Code

85710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 9

Transaction ID: 3CF77865-9B6B-46DB-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Bullington

Mailing Address Suite 280  
4400 N 32nd Street

City

Phoenix

State

AZ

Zip Code

85018-3978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: B57C0B5224EB3A56F3F

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Frank Burns

Mailing Address 301 PEPPERBUSH RD.

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: CB737848-EEBE-4168-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Audrey Chan

Mailing Address 24 Olde Sheepfield Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: EBB87862-C952-4D48-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

D. Alan Chandler

Mailing Address 10271 Matthews Grove Ln

City

Mechanicsville

State

VA

Zip Code

23116-5151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 0DC4C8AB-C949-4AC0-

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Philip Chen

Mailing Address PO Box 356485

City

Seattle

State

WA

Zip Code

98195-6485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 3D6C678E-F19B-4537-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Chiu

Mailing Address 806 Dr. Martin Luther King Jr Aven

City

Albuquerque

State

NM

Zip Code

87102-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: A2798F8E-7B92-4C24-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bennett Chotiner

Mailing Address Mem Eye Inst  
4100 Linglestown Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: B5EDCE611CF139DEC3A

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue  
6th Floor

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 9

Transaction ID: 4AB2B1491B8B1EE37F3C

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT  
APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: FB552D63-E29D-46F2-

Amount of Each Receipt this Period

1.00

**C.**

Full Name (Last, First, Middle Initial)

S. William Clark, III

Mailing Address 502 Isabella St

City State Zip Code  
Waycross GA 31501-3638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 4F7AB300A7A7F3D6637B

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT  
APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

517.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bruce Cohen

Mailing Address Suite 14F

4921 Parkview Place

City

St. Louis

State

MO

Zip Code

63110-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: 67A2A16EBC6872B4E24

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Cathryn Cohen

Mailing Address 6078 E Paseo Ventoso

City

Tucson

State

AZ

Zip Code

85750-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 16F443C4-4F4F-4EC9-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

James Collins

Mailing Address The Center for Eye Care

City

West Islip

State

NY

Zip Code

11795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: 8DF66517-0705-4BD1-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Conrad

Mailing Address 3705 Whitland Ave

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 96BE2BFF-FC72-48CE-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mandi Conway

Mailing Address 10650 Tropicana Circle

City

Sun City

State

AZ

Zip Code

85351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: A7A77E19-650C-41DE-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Mandi Conway

Mailing Address 10650 W Tropicana Circle

City

Sun City

State

AZ

Zip Code

85351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30573C47-A0E5-4774-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Cronin

Mailing Address PO Box 356

City

Monument Beach

State

MA

Zip Code

02553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 2DB25DCC-6723-4B1D-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main Street

City

Moultrie

State

GA

Zip Code

31768-6517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 4E6A9AB9C1549EED7D65

Amount of Each Receipt this Period

30.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Harriet Dann

Mailing Address Suite 160

City

Norwood

State

MA

Zip Code

02062-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 9F938D68-19AD-4C99-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Dodwell

Mailing Address 1230 Centre West Dr

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 5F6B229B-368E-473F-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jesse Dovich

Mailing Address PO Box 236

City

Corona Del Mar

State

CA

Zip Code

92625-0236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: DB90BF97-56AC-4276-

Amount of Each Receipt this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Dreher

Mailing Address Maine Coast Eye Care  
34 Old County Road

City

Rockport

State

ME

Zip Code

04856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 7B9DA4F734600B5EF10

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1564.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Omar Dukar

Mailing Address 1020 W Buena Vista Road

City

Evansville

State

IN

Zip Code

47710-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 3F19BD98-5F76-4223-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Ave

City

Metairie

State

LA

Zip Code

70002-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 9

Transaction ID: 4748B21FC15387538A2D

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Albert Edwards

Mailing Address 864 Wicklow Lane SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: E4A87A68-3FF3-4D92-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Warren Fagadau

Mailing Address Suite 216

City

Dallas

State

TX

Zip Code

75225-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 7F765C0A-F029-42D3-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Fisher

Mailing Address 1525 W Hawkins Trl

City

Kankakee

State

IL

Zip Code

60901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 22020B44-13A1-4FD2-

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Forrest

Mailing Address 2503 Isaac Drive

City

Goldsboro

State

NC

Zip Code

27530-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: DB421F96A04D7BC33C2

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1015.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Foster

Mailing Address 6486 Neville Court

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 0545558C-A363-4D4C-

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Keith Fox

Mailing Address 11 Tricia Blvd

City

Highland

State

NY

Zip Code

12528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 33C9A3B8-2689-4CC6-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Francisco Garcia

Mailing Address Suite 212

City

San Francisco

State

CA

Zip Code

94110-2458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 6BE49408-6579-433C-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Todd Garrett

Mailing Address 1140 Lexington Road  
Suite 100

City State Zip Code  
Georgetown KY 40324-9330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 9A27270288F20441A65

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Vincent Mark Gioia

Mailing Address Suite 1

City State Zip Code  
Steubenville OH 43952-2404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 8C9787B8-12B5-4FA9-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Goldblum

Mailing Address 303D Mulberry Street Northeast

City State Zip Code  
Albuquerque NM 87106-4739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 9

Transaction ID: 44C5A36688DB8AF7A08D

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Edward Goldman

Mailing Address 25 Crossroads Dr

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C353523C-4A98-44CE-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dana Graichen

Mailing Address 56 Durrells Woods Road

City

Arundel

State

ME

Zip Code

04046-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 91142265B889A46BDEF

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Grant

Mailing Address Maumenee 505

City

Baltimore

State

MD

Zip Code

21287-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 5E706BD8-0655-48EC-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lealis Hale

Mailing Address White Wilson Medical Center

City

Fort Walton Beach

State

FL

Zip Code

32547-6796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: D380943B-BA6C-461F-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Hampton

Mailing Address Suite 204  
451 Ruin Creek Road

City

Henderson

State

NC

Zip Code

27536-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 4581BEF2EAC4F38D0EA6

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Frank Hannah

Mailing Address Eye Surgery Center

City

Shelby

State

NC

Zip Code

28150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 0139669A-4B22-43A9-

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jean Hausheer

Mailing Address 4322 N Hickory Lane

City

Kansas City

State

MO

Zip Code

64116-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 5DA1386A-0F1F-4529-

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Hausheer

Mailing Address 4322 N Hickory Ln

City

Kansas City

State

MO

Zip Code

64116-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: DF877E011DA8C0718B2

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 9

Transaction ID: 4B91A028B80EB3B91732

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

415.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Hayashi

Mailing Address 709 Broadway

City

Quincy

State

IL

Zip Code

62301-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: A64BEF5A-E712-4B4B-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Sarah Hays

Mailing Address 1 W Lakeshore Dr

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 48063A88-3547-4A4A-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600  
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 9

Transaction ID: 40B1BFD1E655993221A4

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1281.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Ingvaldstad

Mailing Address 1340 S 90th Street

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: 793CA2F6-EDAB-4C7B-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Ip

Mailing Address 3420 Viburnum Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: C3A85D3A-3126-4272-

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Isbey, III

Mailing Address 8 Medical Park Drive

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 7D9AB357-437F-4A2B-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven Jackson

Mailing Address Suite 101

201 E 5900 S

City

Salt Lake City

State

UT

Zip Code

84107-5428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 624A2A5A6CAE75E6C84

Amount of Each Receipt this Period

420.00

**B.**

Full Name (Last, First, Middle Initial)

David Johnson

Mailing Address Suite 101

10619 N Hayden Road

City

Scottsdale

State

AZ

Zip Code

85260-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: B54E5FB665D1B539B5D

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Johnson

Mailing Address 204B Allandale Road

City

Chestnut Hill

State

MA

Zip Code

02467-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: AC660E10-816F-45E2-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1420.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Leslie Jones

Mailing Address Suite 2100

2041 Georgia Avenue Northwest

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	9

Transaction ID: 43ECAFD0852D613E4C74

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Stephen Kamenetzky

Mailing Address 340 New Salem Drive

City

St. Louis

State

MO

Zip Code

63141-8349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: B22D3EB7-6CD4-4FA1-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Sanjay Kedhar

Mailing Address 970 Kent Ave

City

Brooklyn

State

NY

Zip Code

11205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	9

Transaction ID: 60AAF1F1-3EC8-4120-

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Ketcham

Mailing Address PO Box 134

City

Red Wing

State

MN

Zip Code

55066-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	9

Transaction ID: 47D3AD31031A11F23036

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Steven Kirkham

Mailing Address Marion Eye Center

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	9

Transaction ID: 58185A0C-D1C3-4A2D-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Knauer, III

Mailing Address 2535 Riverside Avenue

City

Jacksonville

State

FL

Zip Code

32204-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: A59F97A1-DFD2-493C-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Yannis Kolettis

Mailing Address 2410 W. Chase Dr.

City

Dunlap

State

IL

Zip Code

61525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 672367CA-64B3-4767-

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Kuffel

Mailing Address 5656 S Staples St

City

Corpus Christi

State

TX

Zip Code

78411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 3123CEA0-45B0-4317-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 4F27BD0214239A5B9A38

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Leah Levi

Mailing Address Ucsd Department of Ophth

City

La Jolla

State

CA

Zip Code

92093-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: EEC351F5-366A-4669-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

Transaction ID: 40A786EB87317B9AD83B

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Mark Lindsay

Mailing Address 2725 E 29th Street

City

Bryan

State

TX

Zip Code

77802-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: FE249863E94AA532D9E

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mathew Maccumber

Mailing Address Suite 200

2800 N Sheridan Road

City

Chicago

State

IL

Zip Code

60657-6160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: 836856D3E16F8C383CC

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Louis Maisel

Mailing Address PO Box 547

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 945F6AB0-5F7F-469B-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Maloney

Mailing Address 181 N. Saltair Avenue

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 45DAD1FD-9585-4387-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Majid Mani

Mailing Address 8736 Glenwick Lane

City

La Jolla

State

CA

Zip Code

92037-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: EA39181A-0F0A-4064-

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Masci

Mailing Address 160 Pleasant St

City

Attleboro

State

MA

Zip Code

02703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: C3CA6C66-F99A-41C7-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John Mason

Mailing Address 6627 11th Avenue

City

Meridian

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 88F1499E-1B05-41C4-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 34 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jose Mayans

Mailing Address 907 W 2nd Street

City

Odessa

State

TX

Zip Code

79763-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 1778F45F4DCB00EB0AA

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

James Ford McDonnell

Mailing Address 871 Crescent Blvd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C395EE7E-75B9-4B86-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

John McGetrick

Mailing Address 53 SKIDMORE RD

City

WINTER HAVEN

State

FL

Zip Code

33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

Transaction ID: 68EA3731-EF45-497A-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 35 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Mikulla

Mailing Address Suite 200

City

Pittsburgh

State

PA

Zip Code

15221-5299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: BA5763DC-0C71-4E2A-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address Suite 4

13414 Medical Complex Drive

City

Tomball

State

TX

Zip Code

77375-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 4186B66421143A843FBA

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Anne Elizabeth Miller

Mailing Address 1300 E 20th Street

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 0BEEBB04-7B93-483D-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mariannette Miller-Meeks

Mailing Address 11674 90th Street

City

Ottumwa

State

IA

Zip Code

52501-8310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 66830C82589939A9391

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Millman

Mailing Address 2980 Middlebelt rd

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 5A0A2AA3-5284-4737-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address 3435 NW 56th St  
Bldg A

City

Oklahoma City

State

OK

Zip Code

73112-4448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: 4096B51CDFF5C0A1E48D

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kelly Mitchell

Mailing Address 8701 Toledo Ave

City

Lubbock

State

TX

Zip Code

79424-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 7B670B98-799B-4CCD-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Mizener

Mailing Address 9415 Davenport St

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 44DBC091-DF7C-4AF0-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 2128 Woodfield Rd

City

Okemos

State

MI

Zip Code

48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: EDE3B81A-6277-4E57-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 38 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Munsch

Mailing Address 7406 Buckingham Court

City

St. Louis

State

MO

Zip Code

63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: B9915F57DEA3EC9A15C

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Michael O'Brien

Mailing Address 618 Tollgate Road

City

Warwick

State

RI

Zip Code

02886-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: F7D5EF320F30F42EBFE

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Oats

Mailing Address PO Box 1022

City

Sandwich

State

MA

Zip Code

02563-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: 765917B2-38DF-4A2E-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ronald Oser

Mailing Address 14201 Laurel Park Drive

City

Laurel

State

MD

Zip Code

20707-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 2431418A-2970-48FB-

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Paden

Mailing Address 221 STEWART AVE STE 110

City

MEDFORD

State

OR

Zip Code

97501-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: 2D446D78-A320-4B7F-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

George Pardos

Mailing Address Suite 355  
55 Madison Street

City

Denver

State

CO

Zip Code

80206-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: 583A91D6D326D2684F3

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Pasquali

Mailing Address 3300 E South St

City

Long Beach

State

CA

Zip Code

90805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 220C6456-A4D8-4897-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sanjay Patel

Mailing Address 1501 Redbud

City

McKinney

State

TX

Zip Code

75069-3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: E765D19082E66113BC1

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Evelyn Paysse

Mailing Address 3924 Southwestern St

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: FADD495E-25E0-43E1-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 41 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Petty

Mailing Address Suite 155

850 E Harvard Avenue

City

Denver

State

CO

Zip Code

80210-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 272821F8C2F8D53EE14

Amount of Each Receipt this Period

420.00

**B.**

Full Name (Last, First, Middle Initial)

K. Randy Pierce

Mailing Address 5011 Burnet Road

City

Austin

State

TX

Zip Code

78756-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: E804EB4B-7556-4509-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory Pinto

Mailing Address 414 Maple Ave

City

Saratoga Springs

State

NY

Zip Code

12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 5B4C6DD5-F5AB-4AE6-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barton Ramsey

Mailing Address 440 West Martin L King Boulevard

City

Danville

State

KY

Zip Code

40422-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: BEC6412E982D208F40F

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

P. Rao

Mailing Address 1600 S Brentwood Boulevard

City

St. Louis

State

MO

Zip Code

63144-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 8556F3BD-310F-49E9-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Rapoza

Mailing Address 64 Chandler Street

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8680300E-E363-49B5-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Reinhart

Mailing Address Lakeside 4th Floor

City

Cleveland Heights

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: A69BFA66-4FB0-4433-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address Suite P25  
207 S Santa Anita Street

City

San Gabriel

State

CA

Zip Code

91776-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 4F3799E1F37735A410D4

Amount of Each Receipt this Period

317.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

John Rizzo

Mailing Address 8 Morton Avenue Suite 101

City

Ridley Park

State

PA

Zip Code

19078-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 8E98FAF5-E84A-43C6-

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

867.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Rocco

Mailing Address Suite 100

400 Saybrook Road

City

Middletown

State

CT

Zip Code

06457-4774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: 15433A3B6923C38C8D9

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Rosales

Mailing Address Suite 108

4100 Long Beach Boulevard

City

Long Beach

State

CA

Zip Code

90807-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: 400D9EAB6973FBA931ED

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Teresa Rosales

Mailing Address Suite 108

City

Long Beach

State

CA

Zip Code

90807-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	9

Transaction ID: 4C51660D-BD0F-42BC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Aron Rose

Mailing Address 40 Temple St

City

New Haven

State

CT

Zip Code

06510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 609FC73F-C7AF-4C35-

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Jay Rudd

Mailing Address Suite C

City

Lacey

State

WA

Zip Code

98503-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: D9BD9596-1B00-4C4D-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alan Salz

Mailing Address 201 Union Ave

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: 5F9862D5-EBA8-49EF-

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven Samuelson

Mailing Address 2827 N Clarkson St

City

Fremont

State

NE

Zip Code

68025-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: 4B2FA4F0DBCE028B11CB

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Bruce Robert Saran

Mailing Address 915 Old Fern Hill Rd

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: F1CCD857-C8C9-4CF7-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Schraut

Mailing Address 100 Professional Ct

City

Lafayette

State

IN

Zip Code

47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 814CAC2B-1C15-47F3-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Schroeder

Mailing Address 3301 Lake Avenue

City

Fort Wayne

State

IN

Zip Code

46805-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 963D16FD1DC8075B17E

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Shepherd

Mailing Address 30178 Mayfair Dr.

City

Farmington Hills

State

MI

Zip Code

48331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 36A33A6F-30A9-40F8-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Bradford Shingleton

Mailing Address Suite 600  
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 22B7B36A0D395FAE943

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127

999 E Basse Road

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 476E9FA21EAAB0B2EB5B

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Patricia Smith

Mailing Address 2406 Blue Ridge Rd

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 58232643-4373-4F24-

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Scott So

Mailing Address Suite 214

2100 Webster Street

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 4A94B836CEA083FEB1F8

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

5200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Samuel Solish

Mailing Address 53 Sewall Street

City

Portland

State

ME

Zip Code

04102-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: 3ECF9048-3BA7-46BF-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

David Springer

Mailing Address 1 Erie Ct Ste 6100

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: CB3017A9-0BB1-4F86-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Steinkuller

Mailing Address 2047 McClendon Street

City

Houston

State

TX

Zip Code

77030-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 58B49C07-AD26-4BEF-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Craig Suiter

Mailing Address 4020 North 54th Place

City

Phoenix

State

AZ

Zip Code

85018-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 97D485459AFA23F3D72

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Sullivan

Mailing Address 1759 Prestwick Dr

City

Inverness

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: D3AFE7C0-73BC-4AD4-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 109 Crosspointe Court

City

Yorktown

State

VA

Zip Code

23693-5581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 42739AAA05E9A7263BF3

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Teahan

Mailing Address 7110 Wyoming Northeast

City

Albuquerque

State

NM

Zip Code

87109-4867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 12F5F817B019A11C932

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 1428C West Joppa Road

City

Baltimore

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 9

Transaction ID: C2CFB61C-4C82-49C8-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

George Thorne

Mailing Address 5011 Burnet Road

City

Austin

State

TX

Zip Code

78756-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 46AACBDDE8032AAE04A

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sebastian Troia

Mailing Address 515 N 98th Street

City

Omaha

State

NE

Zip Code

68114-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: C7549EF1-56A3-4B86-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

James Vander

Mailing Address 840 Walnut Street

City

Philadelphia

State

PA

Zip Code

19107-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: C1F3832C02FD4B0D4B7

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Verdier

Mailing Address Suite 130  
1000 E Paris Avenue Southeast

City

Grand Rapids

State

MI

Zip Code

49546-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 8C9367A5F87282FE1CA

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Weiner

Mailing Address 18 Crestview Dr

City

Salina

State

KS

Zip Code

67401-3586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: E9FDF994FE355EDFC82

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 431DBBB4A141B56A2E50

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: 5A163AD9-8CA0-418F-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Welch

Mailing Address 526H Shoup Ave W.

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

Transaction ID: D72269E1-95CE-420F-

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Torsten Wiegand

Mailing Address Apt. 305

City

Cambridge

State

MA

Zip Code

02140-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 5844A206-EF75-44E9-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 227 Chestnut Court

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: DFC2C371-6F5B-4BB0-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Wilson

Mailing Address 3375 Southwest Terwilliger Bouleva

City

Portland

State

OR

Zip Code

97239-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: C731993B8E86DF491E3

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John Wilson

Mailing Address 333 South Elm Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 23716BC8-8EC2-4E8B-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Keye Luc Wong

Mailing Address 3920 Bee Ridge Road, Building D

City

Sarasota

State

FL

Zip Code

34233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 8D0B1D59-35F5-4EE1-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

70185.32

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 60

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 101 S Marengo Avenue  
3rd Floor

City	State	Zip Code
Pasadena	CA	91101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9477.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	9	

Transaction ID: C9A2833713B09C65A49

Amount of Each Receipt this Period

994.43

CD interest - Oct09

SUBTOTAL of Receipts This Page (optional) .....

994.43

TOTAL This Period (last page this line number only) .....

994.43



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
Bank charges - 10/09

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 1600C5ED820A1939F86

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

438.08

**B.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
AMEX discount - 10/09

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 94149D1FBAEFBAFB646

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

374.05

**SUBTOTAL** of Disbursements This Page (optional) .....

812.13

**TOTAL** This Period (last page this line number only) .....

812.13

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress	<b>Transaction ID:</b> 94780-2033807635307 <b>Date of Disbursement</b>																				
Mailing Address 9340 Fuerte Drive Suite 302	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City La Mesa State CA Zip Code 91941	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Duncan D. Hunter	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 52 <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress	<b>Transaction ID:</b> 94780-56557863950729 <b>Date of Disbursement</b>																				
Mailing Address 9340 Fuerte Drive Suite 302	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City La Mesa State CA Zip Code 91941	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement void ck issued on 9/17/09	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Duncan D. Hunter	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 52 <input type="checkbox"/> Other (specify) ▼	void ck issued 9/17/09																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee	<b>Transaction ID:</b> 15625-4302179217338 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1949	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2014 Primary Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Richard J. Durbin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IL District: <input type="checkbox"/> Other (specify) ▼																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Georgians for Isakson	<b>Transaction ID:</b> 15625-5632745623588 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 250116	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Atlanta State GA Zip Code 30325	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Johnny Isakson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Levin for Congress	<b>Transaction ID:</b> 15625-9550592303276 <b>Date of Disbursement</b>																				
Mailing Address PO Box 37	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Roseville State MI Zip Code 48066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sander M. Levin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) McCaul for Congress, Inc	<b>Transaction ID:</b> 66182-1349298357963 <b>Date of Disbursement</b>																				
Mailing Address 815-A Brazos Street Pmb 230	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	9												
City Austin State TX Zip Code 78701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael T. McCaul	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Pat Tiberi

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 12

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15625-4767419695854

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

7000.00